Medical Needs of Chinese Women and Children

Bound-footed woman waiting for treatment

EXPERIENCES OF A DOCTOR IN NORTH CHINA

By Emma Tucker, M.D., Tehsien

STEAMING into the first Asiatic port touched on the way to the great land of China some sixteen years ago, two young medical missionaries, fresh from training in America's colleges and hospitals, and eager with a humble but sacred longing to give to their less fortunate brothers and sisters something of all they had received, were somewhat surprised to be arraigned, with all other passengers, on the deck of the ocean-liner to pass a medical inspection at the hands of Oriental physicians.

This was in Yokohama, five or six officious-looking, spectacle-wearing Japanese physicians boarding the vessel to conduct the examination to see if these Occidentals, medical and non-medical, were free from contagious or other undesirable diseases. If so, they would be permitted to land. The same program was carried out in the ports of Kobe and Nagasaki. Then, approaching China's great port of Shanghai, in their innocence the physicians inquired, "Do we have to pass medical inspection at the hands of the Chinese physicians here?"

"No," was the reply of the ship's officer. "China is the home of Asiatic cholera, plague, dysentery, and the like. Here these and similar diseases thrive. There will be no medical inspection of *us* to enter *this* land."

Too true was this which he uttered. No less true is that which has been said, "China was opened at the point of the lancet" in the hands of Dr. Peter Parker. Tens of years ago the missionary learned that the medical arm of the missionary service was the entering wedge for the Gospel into the hearts of the Chinese. Through this practical demonstration of Christian love and sympathy, the matter-of-fact Chinese learned of a Love that could move men to give their lives and means for the good of others, even to those of an alien race and unknown people. This, until most recent years, was our greatest point of contact with the Chinese. No wonder that the late Dr. Henry D. Porter said that more than fifty per cent of a certain well-

known region in North China came to Christ because of having learned of Him through the work of the hospital of that region!

Then, the need! A whole nation without surgery! A whole nation not knowing the use of soap! A whole nation where eye troubles abound! A whole nation not understanding the causes and effects of contagious diseases! A whole nation with a population of a quarter of the human race, but bound by the fetters of custom, purposely crippling one-half its number by binding the feet of its women, thus making them an easy prey to every passing disease! In fact, a whole nation with only the beginnings of modern medical science!

Upon the women of such a land do the physical ills that human beings are heir to, fall particularly hard. Those precious eyes! Every girl must marry. There is no future for the daughter of China outside of the home of her husband's family. She cannot inherit land or chattels from her father. Yet, if she cannot sew, cannot do the endless stitching necessary to cover the bodies of the numerous members of the family, including hundreds of pairs of shoes, made of cloth, soles and all,—each pair to be renewed every month—"Who wants such a daughter-in-law?" All those shoes for women and girls, covering wilfully deformed feet, must be beautifully embroidered and exquisitely stitched. Who can do all this but the young women? O, the pity of it all!

See the many children blind through neglect, their parents knowing not the first principles of cleanliness for eyes! See the numbers of women whose eye troubles are legion,—victims of the green un-dried fuel of grass and leaves, the acrid smoke of which, irritating the eyes, makes a soil pregnant with possibilities for the planting of trachoma ("granulated lids")! Then comes the aftermath of that disease, eyelids turned in; the lashes scratching delicate eye membranes—no relief day or night; inflammation; clouding of the eyes; blindness. See the literal hundreds that come to every hospital yearly, largely women and girls, with eyes like these—eyes that are never wiped, save on the family towel, year in and year out, washed (when it is washed!) without soap or boiling!

The tragedy of the eyes of China! Suicide, or a life of beggary,—these await the sightless. But the hospitals minister to these, and grateful hearts turn to the Giver of Light, seeing with their "heart-eyes" as well as their physical ones.

Early readers of this magazine doubtless remember the story of Mrs. Ma, the efficient hospital matron at Pangchwang for almost a score of years. In middle life she became blind from cataracts. A widow with several children, this condition reduced her to beggary. When asking one day for bread she was told,

"Why not go to the Pangchwang hospital and receive your sight?"

"But I have no money."

"They do not ask money. They do these wonderful cures because actuated by motives of love."

She came, the journey requiring a whole week—being led by the hand of her youngest son, called because born in the midst of such poverty, "Wu Yin, No Silver." They begged for food the whole way. At the hands of the surgeon she received her sight. Her "heart eyes," too, were opened, and she saw Him. She heard His call. She applied herself, when past the age of fifty, to the study of the Scriptures. Her mind was an unusually clear and concise one, level-headedness going hand-in-hand with pity and mercy in all her dealings with her own people.

"No Silver" grew up in the mission schools. He graduated with honors from college, then studied medicine, and is a Christian doctor in North China. With his educated Christian wife they maintain a home noted especially for cleanliness and the careful training and nurture of the four beautiful children God has given them. Picked from a rubbish heap and transformed into vessels meet for service.

Motherhood! Again a tragedy! If no sons, "Please give me that which will make it possible to bear sons. I have no standing in my family because I have no male posterity. Daily I am made to feel this by nagging persecutions. There will be no one to inherit our few belongings. There is no one to carry on the family name. There will be no one to do honor to us at our graves, and minister to our spirits when we are dead. O, make it possible for me to bear sons! Death is preferable to life without sons." How often does the woman physician hear this despairing cry!

Last year there came to the Porter Hospital for Women at Tehsien an eager summons to the highest official *yamen* in the city,—that of the General in charge of all troops of north-east

China from Shantung to Manchuria. The suppliant was a secondary wife, the mother of four daughters and one son. "Slaves" she scornfully termed her daughters, for, only as the mother of sons could she hope to win and hold the favor of her husband. The invitation came to the woman physician, but with the added request that if the man physician would accompany her, they would be doubly grateful. The petted son, aged three, dressed handsomely in brocaded satins, lay shaken with convulsions.

They were urged to come to the hospital for final diagnosis, but without much hope of cure. Every form of treatment known to native quackery and prescription had been tried. The mother told that, in addition, she had made a vow in "The Medicine King Temple" (Buddhist) near by, that if the gods would heal her son, she would pay tens of thousands of strings of Chinese "cash," to the temple. Finally they listened to advice and the child was brought, carried in the arms of its devoted father. He rode in a sedan chair, borne by men, that the child be not jolted.

Father, mother, a retinue of servants, *yamen* runners, and the like, took up their abode in the hospital. Men in high position came daily to confer with the General in regard to affairs of state. For six days there was trembling, fear and hope, and then the little life went out, a victim of tubercular meningitis. They had come too late.

The mother in her wild grief could hardly be comforted. Yet in this hour she thought to bring happiness to the children of the "foreign" physicians who had labored, in love, to save her child. She went to their home and insisted on "sweets" being purchased for them, she providing the money. The lovely little boy was dressed in all the regalia and elegant robes of a high official's son, to be laid away in his cold home. The father asked eagerly, "Do you *know* that innocent children will be happy after death?" And we had comforting messages for him,—of the God of hope, of everlasting life. All this was more real to him on account of the ministry which the child had received,—a ministry that extended to the entire family on the part of the full hospital staff.

There come other imperative, pleading summons. The woman physician is wanted. Native midwives, sometimes old and blind, sometimes strong and cruel, have attempted all that lies in their power to bring relief. An expectant mother lies exhaust-

ed and near death after three days of terrible suffering. The maltreatment to mother and child is unspeakable. A little arm lies detached. A meat hook near bears evidence of the use to which it has been put.

We plead that the patient be carried,—on a crude native bed, "borne of four,"—to the hospital. We wish to exchange the room with its paper windows, earthen floor, and mud-brick bed, or *k'ang*, from which every movement sends up a cloud of dust, for the sweet cleanliness of the hospital's white walls, appropriate equipment, and kindly ministry of nurses and others. They listen and obey, and the gratitude of the entire family is won, because the mother's life, at least, is spared. When both lives are given back to them, their joy knows no bounds, especially if one is that of a son.

Tuberculosis! Its ravages are ever in evidence. It spares not at all this race, so almost universally underfed. The women and girls with restricted lives and movements, by reason of bound feet, living so little out of doors, but sitting cross-legged in sunless rooms, fall easily a prey. They come to the hospital with tubercular affections of any of the two hundred bones of the body. With tubercular glands, tubercular lungs, tubercular spines, tubercular meninges, but with tubercular bones especially, they come. Their number is legion. The compressed bones of the feet are particularly liable to this affection. The sugges-

Nurse and patients at Tehsien

tion to amputate a foot or a hand on account of this affliction meets no happy response.

"I'd rather she'd die than live with only one hand," says a heartless husband to the pleading physician, even though the wretched wife sits by, hearing.

Another husband complains,—or perhaps it's a father referring to his daughter—"She isn't dead, because she still eats. She isn't alive because she can't work."

With no help for the physical ills,—wounds undressed winter and summer, the infection ever spreading and deepening—and with the family begrudging every mouthful of food eaten by such an unprofitable member of it, a too often merciful—to them—relief is found in suicide. How much of happiness comes to that family when the hospital can restore the worse than useless member of it to its proper place in the home!

One of the brightest sides of the medical work among the women of China is the life-call that has come to a select number of these same educated Christian young women to prepare themselves to be physicians and nurses among their needy own. Both are new callings in China, but nursing, especially, is a very *new* profession in a very *old* land. Nowhere, nor at any time, were these two avenues of compassion more appealing. Here can America's women multiply their lives in mercy, in skill, in tenderness, and in love, "a thousand fold."

FIGHTING DISEASE IN FOOCHOW

*By Lora G. Dyer, M.D., Foochow City**

THE difficulties in medical work for women and children in China are in the main the same as in any other part of the non-Christian world, as, for example, poverty, ignorance and prejudice. But the effects are worked out with local colorings. In Foochow, for instance, and the surrounding plain, an area of about fifty square miles, there are many women whose feet are not bound. The economic pressure brings it about that these women share with the men the field work and the carrying of loads. This brings to our clinics women with chronic leg ulcers badly aggravated by hours of wading knee-deep in the rice fields, and women load-bearers with leaking hearts.

Dr. Dyer

One ambitious young girl wanted to "read books" and undertook to earn the necessary money by carrying loads. At the end of two years her heart gave out and she could neither carry loads nor enter school. More rarely the economic or social conditions work to mark-ed advantage, as seen among the boat people who until recently were not allowed to live on land, and who, constantly living on semi-open boats, are noticeably robust and clean.

Custom and fear conspire with poverty to bring about much pernicious crowding both in the country and the city. Parents and small children may all sleep in one bed, some at the head and some at the foot, usually without undressing, in a room closed up as tightly as the poorly built partitions will allow. Children, and even adults, often sleep with the head under the bedcovers. Poverty, of course, also means underfeeding, which is very widespread in China, making the fight against tuberculosis doubly hard, and lowering resistance against all diseases.

**Note.* Dr. Dyer's home was in Plainfield, Mass. After graduating from Smith College in 1903, she received her medical degree from the Woman's Medical College, Philadelphia. After serving a year as interne at the New England Hospital for Women and Children in Boston she joined the Foochow Mission in 1916.

THE building in which Dr. Lora Dyer has begun her hospital work. It is situated in the suburbs of Foochow, in a district known as Gek Siong Sang. The building is mission property, intended for evangelistic work, but temporarily borrowed and fitted up for medical work until conditions are favorable for the erection of the new hospital for which funds are in hand. Besides providing ample room for a dispensary, this building has accommodations for a good number of in-patients.

The Chinese loyalty to their own ways and customs and their distrust of things foreign is a frequent barricade in the doctor's path. The extension of confidence is mainly a word-of-mouth process. A few days ago a man came leading in his small son saying that he had the same illness as the table boy from our neighboring compound (an abscess of the hand) which had been quickly healed under our treatment. This boy's home was at least five miles away at the foot of the mountains, but the table-boy's home was in the same village. A student returning home relates the successful treatment of some case in school, a family escapes plague through inoculation, a case of diphtheria is cured by antitoxin, a bad accident is satisfactorily healed at the mission hospital and the defense for western medicine is passed on to the neighbors and the neighbor's neighbors.

The system of medicine to which the Chinese usually pin their faith is mostly quackery. The qualification of the native doctor is the ability to read and translate the classical books on medicine, written hundreds of years ago, and to impress the patient. A knowledge of anatomy or physiology is superfluous. Detailed descriptions of their drugs and treatments can be found readily in books on China. And the treatments mentioned are not obsolete either. I have seen three children this year with hands and feet badly swollen due to the use of hot needles. One woman came in with a toe in such condition that it had to be amputated owing to the burning with moxa as a part of the native doctor's treatment. Yet Foochow is a port city.

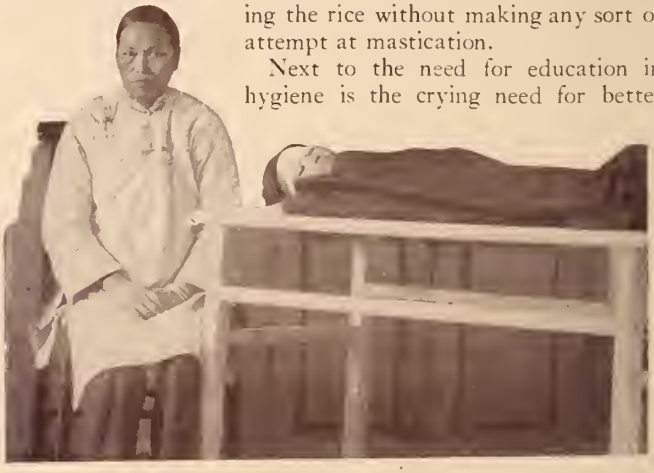
The ignorance of the people is a tremendous factor in increasing the death rate. In the epidemic of pneumonic plague in North China last year a Chinese official complained that "the difficulties encountered by the Chinese Plague Preventive Service in battling with plague epidemics were mainly owing to ignorance on the part of the people of modern medical methods, due primarily to the complete absence of missionary and other medical institutions in the district affected by the epidemic."

A wide-spread, long-continued campaign in sanitation and hygiene in Fukien province, or any province for that matter, would undoubtedly save more lives than are now being healed in our clinics. The diseases that harass China the most severely are all preventable,—tuberculosis, syphilis, gonorrhoea, trachoma, malaria, dysentery, plague, smallpox, leprosy, typhoid,

measles (more feared than smallpox),—preventable if only the people could be educated into willingness to co-operate for the benefit of their neighbors as well as for themselves. Our mission schools have made a good though limited beginning,—the cleanliness of the homes of the students, is noticeable. The physical examinations of the Ponasang girls this year showed marked improvement in general health, and noticeably in the ability to breathe deeply.

There is special need of teaching in the care and feeding of children and in dietary matters in general. Probably 99% of the babies in our province are breast-fed but the supplementary diet that is offered them as early as they will accept it is often fatal. Raw, unripe fruit, two kinds of vegetables about half way between a radish and a cocoanut, though more juicy, also eaten raw, cakes of many kinds, some of them about as digestible as uncooked piecrust, anything that the child cries for, is given and then a large quantity of steamed potatoes is given to cure the diarrhoea caused by "the weather." The adult diet of rice, excellently cooked, is very wholesome, but the number of dyspepsia cases in our clinics is disproportionately large, apparently due to the universal habit of swallowing the rice without making any sort of attempt at mastication.

Next to the need for education in hygiene is the crying need for better



A Chinese Nurse in charge after the Surgeon has gone

midwifery. Over and over the foreign doctor is called in to undo the damage after the native midwife has been doing her worst at the job for two or three days. Septicemia is a very common sequence. A year ago when I visited our girls' school in Inghok a man from a nearby village came asking me to see his wife, who was a relative of one of the school girls. The baby was more than a month old but his wife was still "unable to walk and short of breath."

I went to his house and he led me to the bedroom, a small room with a tamped earth floor, without windows, and so dark that when I stepped through the doorway I could not see where the patient was. A candle showed a young woman sitting on the edge of the bed with her forehead resting on a pile of dirty bedding placed in a chair opposite her. She could not breathe lying on her back and a bedsore on either hip denied her any position but this. Her bare feet were terribly swollen and as cold as a stone; there was still a slight fever and her heart was simply galloping. There was no woman to do anything for her and her husband and father-in-law were very clumsy. When she died a week later I could not feel that death was her enemy.

In all Fukien provinces there is no tuberculosis sanitorium. In all China I know of but two hospitals for the care of the insane, one large institution in Canton and a smaller one in Soochow. In the other cities the insane are tied to their beds, or locked in bare rooms, or roam the streets. A few months ago I was called to see a girl of about sixteen who had suddenly lost her mental balance, refused to eat and babbled without sense or sometimes raved excitedly. Her parents dared not leave her alone for a moment. All the idols who could possibly be interested had been consulted and the parents themselves were nearly crazy. It is very probable that if this girl's case could have been carefully studied and correctly treated in a hospital her balance could have been restored promptly, but an insane patient in a general hospital drives all the other patients home.

A lad in his teens, recently brought to the clinic by his mother, made such a commotion shouting and weeping and spitting everywhere that he had to be taken outdoors until his turn came. Three days later, following heroic treatment with Epsom salts in his own home, the boy returned alone, so absolutely sane in

appearance that I could not believe he was the same patient.

The lepers receive rather more public attention and every large city has its leper village without the gate, and many lepers within the gate, as well. Incipient cases often come to us for diagnosis. The first patient that came to the dispensary which was opened last fall in connection with one of our churches, was a girl of seventeen with a single small lesion of leprosy on her cheek. Last week a field-woman came asking for medicine to cure the smooth purple anaesthetic spot on her foot. Advanced cases may be seen daily in the streets.

The medical work for women in Foochow, under the Woman's Board of Missions, was limited during 1918 to daily dispensary work only. This year, 1919, has marked the re-opening of the hospital for in-patients, as well as out-patients, in temporary quarters, after a lapse of about ten years. It has a capacity of about twenty-five beds. In the two months since opening about 400 treatments have been given to out-patients, in addition to 263 days residence in hospital. The work is in charge of one physician with a Chinese locally trained nurse. The absence of a foreign-trained nurse means that there is no training school for nurses in connection with the work.

1919
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